PRINTER RUSH (PTO ASSISTANCE)

Query Check
(FF; F)

Application :	09/27/614	Examiner :	Ballock	GAU:	2127
From:	LYC_	Location:	IDC FMF FDC	Date:	9/1/05
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REV 10/04

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Complete and send this form, together with applicable fee(s), to: Mail

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03/11/2005 EHAILE2 000	00037 502207 0921761				Sharyl Brown	(Depositor's name)			
01 FC:1501 02 FC:8001 30.0	1400.00 QP	TA TRAD	EMARKS	. N	farch 7, 2005	Churyl BANDER			
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
09/271,614 TITLE OF INVENTION: ELECTRONIC AGENTS	03/17/1999 HIGHLY SCALABLE SOF	TWARE-BASED	ADAM J CE ARCHITECTO		SRIIPOIS ATION AND COOPERATION	4385 A AMONG DISTRIBUTED			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$73	00	\$0	\$1400 03/07/2005				
<u> </u>	INER	ART UN	IIT	CLASS-SUBCLASS					
BULLOCK IR, LE	WIS ALEXANDER	2127	•	719-317000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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					signee is identified below, the	locument has been filed for			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
<u> </u>	SRI International Menlo Park, California								
Please check the appropriate	assignee category or category	ries (will not be pr	inted on the pate	mi): 🚨 Individual 🚨	Corporation or other private gr	oup entity Government			
			4b. Payment of Fee(s):						
issue Fee			A check in the amount of the fee(s) is enclosed.						
Publication Fee (No s	mall entity discount permitte f Copies 10	d)	Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # 0	10 10		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2207 (enclose an extra copy of this form).						
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 2	37 CFR 1.27.	b. Applican	t is no longer claiming SI	MALL ENTITY status. See 37 (CFR 1.27(g)(2).			
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rece	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	te Fee and Publica vill not be accepted int and Trademark	tion Fee (if any) I from anyone o Office.	or to re-apply any previous than the applicant; a	ously paid issue fee to the applic registered attorney or agent; or t	ation identified above. he assignee or other party in			
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